Name in Full: Mary Beach

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: June — Day: 28 — Age — Years: 24 — Months: 9 — Days:

Sex: Maid — Color or Race: White — Birthplace:

Occupation: boarder — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Lizzie Conner — Mother's Birthplace:

Name of person giving information: Brother — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowned — How long: 1/2

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dennis E O'Neil
Coroner

Address:

Accident or ~~Suicide~~?

LIBRARY BUREAU A66016

Name in Full: Isabella Brandler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: 6 — Day: 26 — Age — Years: 64 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Married, Single or Widowed: Married — Occupation

Name of Wife or Husband: Judge J. H. M. Brandler,

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Mouth & Liver — How long: — Year

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: James T. Johnson, M.D.

Address: Cumberland Maryland.

Accident or Suicide?

LIBRARY BUREAU A88316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John H Clark

Died at: Town: Cumbd County: Allegany

Date of death: Month: June Day: 20 Years: 90 Months: - Days: -

Sex: male Color or Race: White Birthplace: a

Occupation: Miller Where Residing if not at place of death:

Married, Single or Widowed: Widower Name of Wife or Husband: —

Father's Name: Dead Father's Birthplace:

Mother's Maiden Name: Dead Mother's Birthplace:

Name of person giving Information: Isaac F. Clark How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

45

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age & Carcinoma How long:

Immediate: Heart Failure How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas E Mitchell

Address: Ellerslie Md

Accident or Suicide? —

LIBRARY BUREAU A88216

Name in Full: Lizzie Clapp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing | County: Allegany

Date of death 1904: Month: Jan | Day: 8

Age: Years: 47 | Months: 0 | Days:

Sex: Male | Color or Race: White | Birthplace: Lonaconing

Married, Single or Widowed: Single | Occupation: R. R. Bridge Watchman

Name of Wife or Husband:

Father's Name: Anthony Clapp (deceased) | Father's Birthplace: Germany

Mother's Maiden Name: Not Obtainable (deceased) | Mother's Birthplace:

Name of person giving information: Miss Clapp | How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Blood Poisoning | How long: 26 days

Immediate: Perforation of Bowel | How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Kelly

Address: Lonaconing

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A89516

Name in Full: Mary Cooney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Allg

Date of death: Month: Jan — Day: 15 — Year: 1904 — Age: Years: 36 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Seamstress — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Mary Cooney Sr — Mother's Birthplace:

Name of person giving Information: Sarah " 26 — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lung gral tuberculosis — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. B. Thompson M.D.

Address: Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU A68818

Name in Full: Inf. C. W. Cotton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd. — County: Allegany

Date of death 1 90 — Month: June — Day: 18 — Age — Years: — Months: — Days: —

Sex — Color or Race: White — Birthplace: Cumbd.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: C. W. Cotton — Father's Birthplace:

Mother's Maiden Name: Cora Elder — Mother's Birthplace:

Name of person giving In formation: C. W. Cotton — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long: 2 or 3 hrs

Immediate: Asphyxia — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Twigg

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A89516

44 Independent St.

Name in Full: Jenis Eritzman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Alle

Date of death: 1904 — Month: June — Day: 23 — Age: Years 38 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Painter — Where Residing if not at place of death: S Mech St

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Jenis Eritzman — Father's Birthplace: Germany

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Jenis Eritzman — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long

Immediate: Uremic convulsions — How long 3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M M Feehley

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU ASSETS

Name in Full: Grace E. Dieterhoff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: 6 — Day: 24 — 1904

Age: Years: 6 — Months: 2 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Cumberland Md

Occupation: Schoolgirl — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John Dieterhoff — Father's Birthplace: Cumberland Md

Mother's Maiden Name: Sarah Mantz — Mother's Birthplace: Pa

Name of person giving Information: Mother — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningitis — How long: 4 hours.

Immediate: Paralysis — How long: 3 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Twigg.

Address: Cumberland, Md.

Accident or Suicide?

8

LIBRARY BUREAU A88816

Name in Full: Emma J. Duckworth

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Reynolds — County: Allegany

Date of death 1904 — Month: June — Day: 8 — Years: 34 — Months: 3 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Barton Md.

Married, Single or Widowed: Married — Occupation: Wife

Name of Wife or Husband: William J. Duckworth

Father's Name: John Wesley Green — Father's Birthplace: Maryland

Mother's Maiden Name: Emily Green — Mother's Birthplace: "

Name of person giving information: Daisy Duckworth — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Endocarditis — How long: 4 months ?

Immediate: Acute Dastulis — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Lonaconing Md.

Accident or Suicide? No.

8

LIBRARY BUREAU A8A516

Name in Full: Mary Jane Dyanuska

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport — County: Allegany.

Date of death 190 X — Month: 6 — Day: 26 — Age: Years — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Andy Dyanuska — Father's Birthplace: Poland

Mother's Maiden Name: Mary Jane Dyanuska — Mother's Birthplace

Name of person giving Information: Andy Dyanuska — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Blood not called until after death — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: P. L. Wilson M.D.

Address: Piedmont W.Va.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Francis Elliot

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Md Savage | County: Allegany

Date of death 1904: Month: June | Day: 27 | Age: Years: 5 | Months: 7 | Days:

Sex: Male | Color or Race: W Lib | Birthplace: Md Savage Md

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: —

Father's Name: Francis P. Elliot | Father's Birthplace: Pa

Mother's Maiden Name: Martha Treasure | Mother's Birthplace: Md

Name of person giving information: Francis P Elliot | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis | How long: 2 days

Immediate: Sepsis | How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Alan E. Murray MD

Address: Md Savage, Md.

Accident or ~~Suicide~~? Accidental

LIBRARY BUREAU AB6516

Name in Full Thomas William Elliott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Md Saraf — County: Allegany

Date of death 1904 — Month: June — Day: 29 — Age: Years 3, Months 11, Days

Sex: Male — Color or Race: W Wh — Birthplace: Md Saraf

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

Father's Name: Francis P Elliott — Father's Birthplace: Pa

Mother's Maiden Name: Martha Leasure — Mother's Birthplace: Md

Name of person giving In formation: Charles Elliott — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: 1 week

Immediate: Sepsis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. William E. Munn

Address: Md Saraf Rd

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Edward Evans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Alleg

Date of death: Month: June; Day: 6; 1904

Age: Years: ; Months: 9; Days: 2

Sex: M

Color or Race: W

Birthplace: Frostburg

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: S

Name of Wife or Husband:

Father's Name: Evans Evans

Father's Birthplace: Wales

Mother's Maiden Name: Catherine Reagan

Mother's Birthplace: Frostburg

Name of person giving Information: Evans Evans

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tonsilitis - Erysipelas

How long: 2 weeks

Immediate: Erysipelas

How long: 1 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Shaffer

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A83516

1744 Co

Name in Full: Frank Forney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death 1904	Month	Day	Age: Years	Months	Days
	June	27	27	—	0

Sex: Male — Color or Race: White — Birthplace:

Occupation: Bookkeeper — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: James Forney — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

166

CAUSES OF DEATH

Primary: Arm Crushed Pat Shoulder Crushed — How long: Dying - 2½ hrs

Immediate: Shock — How long: 2½ hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E P Bleakley M.D.

Address: Cumberland Md

Accident or Suicide?

8

LIBRARY BUREAU A88516

Name in Full: Mr Scott Fuller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland | County: Allegany

Date of death 1904: Month: June | Day: 8 | Age: Years: 5[illegible]2 | Months | Days

Sex: Male | Color or Race: White | Birthplace

Occupation | Where Residing if not at place of death: Cumberland Md.

Married, ~~Single~~ or ~~Widowed~~ | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

1/13

CAUSES OF DEATH

Primary: Gall Stones | How long: 18 months

Immediate: Exhaustion | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. C. Miller

Address: Cumberland Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Name in Full: Sebastian Froelich

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing — County: Allegany

Date of death 1904: Month: Jan — Day: 13 — Age: Years: 84 — Months: 6 — Days: 18

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Mnfr. (Miner)

Name of Wife or Husband: Catherine Fochler

Father's Name: Geo Froelich — Father's Birthplace: Germany

Mother's Maiden Name: Not given — Mother's Birthplace: "

Name of person giving Information: Valentine Froelich — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility — How long: Some years.

Immediate: Hypostatic Pneumonia — How long: Two days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Skilling

Address: Lonaconing

Accident or Suicide? No.

LIBRARY BUREAU A66516

Name in Full: Bertha Gatehouse

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 190X — Month: June — Day: 27 — Age — Years: — Months: 7 — Days: —

Sex: Female — Color or Race: White — Birthplace: Cumbd

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

Father's Name: Elias Gatehouse — Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Elias Gatehouse — How related to deceased: father.

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 5 Days

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Brace, M D

Address: Cumbd Md

Accident or Suicide?

LIBRARY BUREAU A88616

69 Oldtown Rd.

Name in Full: Henry A. Gosty

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: S Luke — County: Allegany

Date of death 190 4: Month: 6 — Day: 21

Age: Years: 26 — Months: 10 — Days: 15

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: P M.

Name of Wife or Husband: Eva M. Miller

Father's Name: Gottlieb Gosty — Father's Birthplace: Germany

Mother's Maiden Name: Ann M. Gosty — Mother's Birthplace: Germany

Name of person giving information: Mrs J. Taylor — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever multiple abscess — How long: Six weeks

Immediate: Pneumonia. Supposed influenza — How long: 15 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Abbott

Address: Piedmont W Va.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Mrs Minnie C. St. Lemler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegh

Date of death: 1904 — Month: June — Day: 11 — Age: Years 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dead — Father's Birthplace

Mother's Maiden Name: Dead — Mother's Birthplace

Name of person giving Information: Henry Lemler — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile decay — How long: —

Immediate: Pulmonary Congestion - Exhaustion — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James J. Johnson, M.D.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: John Gorsh

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month 6 — Day 6 — 1904

Age — Years: 30 (?) — Months: — — Days: —

Sex: Male

Color or Race: White

Birthplace: Italy

Occupation: Laborer

Where Residing if not at place of death: Steelton Pa

Married, Single or Widowed: Unknown

Name of Wife or Husband: Unknown

Father's Name: Unknown

Father's Birthplace: Italy

Mother's Maiden Name: Unknown

Mother's Birthplace: Italy

Name of person giving Information: Himself - before death (?)

How related to deceased: —

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: R.R. Accident — How long

Immediate: Hemorrhage — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J.M. Spear. M.d

Address: Cumberland

Accident ~~or Suicide~~?

LIBRARY BUREAU

Name in Full: John Gos-co

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: 4 — Day: 6 — Age: about 30 — Years — Months — Days

Sex: Male — Color or Race: Station — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: B & O Rail Road — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Coroners D & O Rail

Signature of ~~Physician~~ Coroner

Address: Cumberland Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Ellen Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hoffman; County: Allegany

Date of death: 1904 Month: 6 Day: 11

Age: Years: 1 Months: Days: 3 wks

Sex: M Color or Race: W Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Thos Green — Father's Birthplace: W Va

Mother's Maiden Name: Mary Cunningham — Mother's Birthplace: Md

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Pneumonia — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H O McLane

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88316

Ischam for Maya

Catawba County -

1850 M

Fillmore - Geo. Poston - Boys Permit

Name in Full: Herbert Hausman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: June — Day: 20 — Years: 11 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Cumbd.

Occupation — Where Residing if not at place of death: Columbia St.

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Jacob Hausman — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Jacob Hausman — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: Dennis E. O'Neal
Coroner

Address: Frostburg

Accident or Suicide? Accident

LIBRARY BUREAU AB3516

Name in Full: Joseph Hausman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: June — Day: 30 — 190 4

Age: Years: 14 — Months — Days

Sex: Male — Color or Race: white — Birthplace: Cumbd.

Occupation — Where Residing if not at place of death: Highland St.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: William Hausman — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Wm Hausman — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate — How long

166

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dennis E O'Neil
Coroner

Address

Accident or Suicide? Accident.

Cumberland

PHYSICIAN OR CORONER

LIBRARY BUREAU A86516

Name in Full: Margrett Herpich

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb. County: Allegh

Date of death: Month: June Day: 13 1904

Age: Years: 38 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Cumbd

Occupation: wife Where Residing if not at place of death: —

Married, Single or Widowed: married Name of ~~Wife~~ or Husband: Conrad Herpich

Father's Name: John Wieble Father's Birthplace: Cumbd

Mother's Maiden Name: Sophia " Mother's Birthplace: Lorraine

Name of person giving Information: " Wieble How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Clot How long: three days

Immediate: Heart failure How long: Sev hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Mesellerson

Address: Cumberland

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Nick Hirst

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland County: Allegany

Date of death: Month: 6 Day: 4 1904 Years: Age 40 — Months: Days:

Sex: Male Color or Race: White Birthplace:

Occupation: Glass Blower Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband: Nick Hirst

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: G.L.G. 166 How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate accident cut on R.R. How long:

Are the name, age, sex, color, date and place correctly given above?

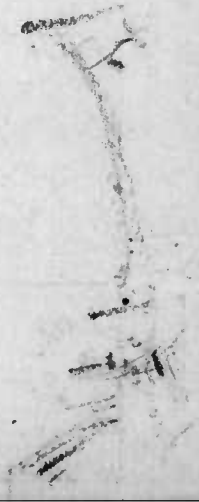
Signature of Physician

Address: Dennis & Offut Cumberland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816



Name in Full: Conrad Hout

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Cumbd — Town

County: Alg

Date of death: 1904 — Month: June — Day: 13

Age: Years 23 — Months — — Days —

Sex: male — Color or Race: White — Birthplace: Cumbd

Occupation: Tin Worker. — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Deceased — Father's Birthplace:

Mother's Maiden Name: Deceased — Mother's Birthplace:

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Name of person giving Information: Henry Hout — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess of Lung & Empyema — How long: 5 months

Immediate: Peritonitis — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Calvert Moore

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: William Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmy County: Alle

Date of death	Month	Day	Age: Years	Months	Days
1904	6	26		18	

Sex: Male Color or Race: White Birthplace: Ina

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Johnson Father's Birthplace: West Va

Mother's Maiden Name: Dora Hoffmaister Mother's Birthplace: West Va

Name of person giving Information: William Johson How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enterolitis How long: 3 days

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. N. Foard

Address: Cumberland Md

Accident or Suicide? Koon

LIBRARY BUREAU A68516

Name in Full: Daniel Alexander Kennedy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Allegany

Date of death 1904: Month: Jan — Day: 15 — Age: Years: 69 — Months — Days

Sex: male — Color or Race: White — Birthplace: Pa

Occupation: Cabinet maker. — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Mattie L.

Father's Name: Daniel — Father's Birthplace:

Mother's Maiden Name: Dean — Mother's Birthplace:

Name of person giving information: Mattie L. Kennedy — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: 79

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. B. M. Dorsey

Address: Cumberland Md.

Accident or Suicide? —

LIBRARY BUREAU A68316

Phillipsburg
Centre Co. Pa

J. L. Kennedy.

Name in Full: Michael Kilduff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage — County: Allg

Date of death: Month: June — Day: 17 — 1904 — Age: Years: 74 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Michael Malloy — How related to deceased: Son in Law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis Liver — How long: 2 Months

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D^r L Conroy

Address: Mt Savage Md

Accident or Suicide?

LIBRARY BUREAU A6861G

Catholic Genealogy

Mrs Savage

Name in Full: Infant

CERTIFICATE OF DEATH

W. Va ~~MARYLAND~~

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Alaska — County: Mineral

Date of death 1904: Month: June — Day: 16 — Age: Years: — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Alaska W. Va

Married, Single or Widowed: Single — Occupation: Infant

Name of Wife or Husband:

Father's Name: Percival Lanty S — Father's Birthplace: W. Va

Mother's Maiden Name: Mina Hogan — Mother's Birthplace: W. Va

Name of person giving information: Percival Lanty Jr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long: 2 weeks

Immediate: Still born (9 months) — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. T. Duke

Address: Cumberland

~~Accident or Suicide?~~

LIBRARY BUREAU A86818

Name in Full: Benjamin Thomas Lashbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allegany — County: Allegany

Date of death: Month: 6 — Day: 2 — 1904

Age: Years: 17 — Months: 6 — Days: —

Sex: M. — Color or Race: W. — Birthplace: Md

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name of Wife or ~~Husband~~:

Father's Name: George Lashbaugh — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Ann Raley — Mother's Birthplace: Md

Name of person giving Information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Pneumonia — How long: 13 — How long: 7 Days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Lang M.D.

Address: Frostburg Md.

Accident or Suicide?

LIBRARY BUREAU A66616

4.7.C2

Name in Full: Margaret Lashley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumld. County: Allegany

Date of death 190: Month: June Day: 20 Years: Age: — Months: 5 Days: —

Sex: Female Color or Race: White Birthplace: Cumld.

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or Widowed — Name of Wife or Husband:

Father's Name: L. D Lashley Father's Birthplace: Pa

Mother's Maiden Name: Amy Scriever Mother's Birthplace:

Name of person giving Information: Wm P Lashley How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro enteritis How long: 2 days

Immediate: Gastro enteritis How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Dhaile M D

Address: Cumberland Md

Accident or Suicide? No

Wards Md

LIBRARY BUREAU A88516

Hancock

Name in Full: Idalla McKenzie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Alleg

Date of death: Month: June — Day: 19 — Year: 1904 — Age: Years: 37 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Alleghany Co

Occupation: Wife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Charles McKenzie

Father's Name: Dead. — Father's Birthplace: —

Mother's Maiden Name: Dead — Mother's Birthplace: —

Name of person giving information: Lewis Stine — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Several years

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Hodgson

Address: Dr Hodgson Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: John Mclaughlin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: 6; Day: 4; Years: Age 71; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: John Mclaughlin; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer; How long: 18 months

Immediate: —; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Miley

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: August J Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month 6 Day 27 1904 — Age: Years 50 Months — Days —

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name: Henry Miller — Father's Birthplace: Germany

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: John Miller — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 2 Years

Immediate: Tuberculosis of Brain — How long: 6 Months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley

Address: Cumberland Md.

Accident or Suicide? No

W. W. Wiley

LIBRARY BUREAU A66816

Name in Full: Henry Michael Morris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: 4 — Day: 5

Age — Years: 19 — Months: 3 — Days: 10

Sex: M. — Color or Race: W. — Birthplace: Md

Occupation: Miner — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: George Morris, deceased — Father's Birthplace: Md

Mother's Maiden Name: Mariana V. Atkins — Mother's Birthplace: Md

Name of person giving In formation: Pat Morris — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 yrs

Immediate: Hemmorrhage of lungs — How long: One wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. McLane M.D.

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Cathy -

98-1-Pin

Name in Full: Martin Mosley

CERTIFICATE OF DEATH

Died at: Town: Cumld. County: Allegany MARYLAND

Date of death: Month: June Day: 24 1904

Age: Years: 7 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Cumld.

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: R P Mosley Father's Birthplace: Va.

Mother's Maiden Name: Mamie Wimpe Mother's Birthplace: Md.

Name of person giving Information: R P Mosley How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature 15 How long

Immediate: Exhaustion How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Wilson

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Joseph H. Nield

CERTIFICATE OF DEATH

Died at: Town — Cumberland — County — MARYLAND

Date of death 1 90 — Month 6 — Day 22 — Age — Years 26 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace —

Occupation — Where Residing if not at place of death —

Married, ~~Single~~ or ~~Widowed~~ — ~~Name of Wife~~ or ~~Husband~~ —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information — How related to deceased —

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary — How long —

Immediate Drowned in Canal — How long —

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician —

Address —

Dennis E. Neal
Coroner

Accident ~~or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A89316

Name in Full: Elizabeth North

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: 6; Day: 18; 1904

Age: Years: 85; Months; Days

Sex: Female

Color or Race: White

Birthplace: England

Occupation: H. W.

Where Residing if not at place of death: Home

Married, Single or Widowed: Widow

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Mrs Wagner

How related to deceased: Friend

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: One week

Immediate: General Debility — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Mahony

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A85516

born

Allegany County.

Name in Full: George Ordner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: June; Day: 14; 1904

Age: Years: 54; Months: —; Days: —

Sex: male; Color or Race: White; Birthplace: Mt Joy Penn

Occupation: Clerk; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband:

Father's Name: —; Father's Birthplace:

Mother's Maiden Name: —; Mother's Birthplace:

Name of person giving information:; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Suicide; How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: Dennis E O'Neal

Coroner

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Mary Helen Padgett

CERTIFICATE OF DEATH

MARYLAND

Died at: Cumberland (Town) Allegany (County)

Date of death: 1904 June 5

Age: Years 5 Months 6 Days

Sex: Female

Color or Race: white

Birthplace: Barton Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John M. Padgett

Father's Birthplace: Prince George county Md

Mother's Maiden Name: Alice Duvall

Mother's Birthplace: Washington

Name of person giving Imformation: Mrs Padgett

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brain trouble — How long: four days

Immediate: exhaustion — How long: several hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. R. Barksdale

Address: 116 Va. Ave.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Milton Padgett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: 1904 — Month: June — Day: 5 — Age: Years: — Months: 5 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Barton Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John M. Padgett — Father's Birthplace: Prince George Co Md

Mother's Maiden Name: Alice Duvall — Mother's Birthplace: Washington

Name of person giving Imformation — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: infancy

Immediate: Exhaustion — How long: week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F R Barndall

Address: 116 Baltimore

City

Accident or Suicide?

179

LIBRARY BUREAU A88516

Name in Full: Michael J Pendergast

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumb — County: Allg

Date of death: Month: June — Day: 3 — Year: 1904

Age: Years: 45 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Ireland

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Mrs Delia Pendergast.

Father's Name: Dead — Father's Birthplace: — /

Mother's Maiden Name: Dead — Mother's Birthplace: —

Name of person giving In formation: M P Pendergast. — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Contracted Kidney — How long: 3 yrs

Immediate: Heart Complications — How long: 1 yr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Blaylock M D

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Elizabeth Perkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lodi — County: Allegany

Date of death 1904: Month: June — Day: 3 — Age: Years: 37 — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Wales

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: David Perkins

Father's Name: Alfred Steel — Father's Birthplace: Wales

Mother's Maiden Name: Mary Morgan — Mother's Birthplace: "

Name of person giving information: William John Perkins — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Puerperal Sepsis — How long: 3 weeks

Immediate: Empyaemia - (Abscess) — How long: 14 days

PHYSICIAN OR CORONER

Are the name, age, sex, color date and place correctly given above? Yes

Signature of Physician: James C. Bullock

Address: Lonaconing Md.

Accident or Suicide? No -

LIBRARY BUREAU A88618

Name in Full: Frank Porter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allegany Mines — County: Allegany

Date of death 1904 — Month: 6 — Day: 3 — Age: Years: 16 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Allegany Mines.

Occupation: Miner. — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George Porter — Father's Birthplace: Allegany Co

Mother's Maiden Name: Lidia Porter — Mother's Birthplace: " "

Name of person giving Information: Benj. Porter — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 2 wks

Immediate: Pneumonia — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. McErlean

Address: Frostburg Md.

Accident or Suicide?

LIBRARY BUREAU A66516

GPM

Name in Full: Olive Porter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allegany Mines — County: Allegany

Date of death: Month: 6 — Day: 10 — 1904

Age: Years: 10 — Months: — — Days: —

Sex: Male — Color or Race: Caucasian — Birthplace: Allegany Mines

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Porter — Father's Birthplace: Allegany Co.

Mother's Maiden Name: Mary Porter — Mother's Birthplace: " "

Name of person giving Information: George Porter — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 2 wks

Immediate: Pneumonia — How long: 3 wks

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: J. M. Grier

Address: Boatwing Md

Accident or Suicide? —

LIBRARY BUREAU A89516

Name in Full: Jesse J Pratt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Drowned Stickleys Ford — Co. — County: Allegany

Date of death 190 4 — Month: June — Day: 5 — Years: Age 20 — Months — Days

Sex: Male — Color or Race: White — Birthplace: West Va "

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Mortimer Pratt — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Mr Stickly — How related to deceased

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CAUSES OF DEATH

Primary: Drowned — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address: Dennis E Veal, Coroner

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Female, Daughter of Wm Reston.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: 5 — Day: 3

Age — Years: Dead born — Months — Days

Sex: Female — Color or Race: W. — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Preston S. — Father's Birthplace: Md

Mother's Maiden Name: Sarah Caulfield — Mother's Birthplace: England

Name of person giving In formation: Father — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Premature. — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. O. McLane M. D

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Roger (Infant)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County:

Date of death: Month: June — Day: 13 — Age: Years: — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Harry C Roger — Father's Birthplace: Md

Mother's Maiden Name: Mary E Valla Jd — Mother's Birthplace: Md

Name of person giving Information: mother — How related to deceased: mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long: 1 day

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo L Broadrup M.D.

Address: Cumberland Md

Accident or Suicide? N

LIBRARY BUREAU A3516

Name in Full: Albert Richie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown Md County: Allg

Date of death: 1904 Month: June Day: 16 Age: Years: 1 Months: 2 Days:

Sex: M. Color or Race: W Birthplace: Hagerstown

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: James Richie Father's Birthplace: Scotland

Mother's Maiden Name: Sarah Fisher Mother's Birthplace: England

Name of person giving information: Self How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Convulsions How long: 4 Hours

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A80316

1-4 (C)

Name in Full: Charles Henry Rizer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Savage — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190 4	Month: June	Day: 4	Age — Years: 2	Months: 6	Days: 8
Sex: Male	Color or Race: White		Birth-place: Mt. Savage Md		
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name: Jesse Rizer			Father's Birthplace: Mt. Savage Md		
Mother's Maiden Name: Mary A. McVicker			Mother's Birthplace: Hyattsburg, Va		
Neme of person giving In formetion: Jesse Rizer			How related to deceased: Father		

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia		How long: 2 week	
Immediete: Cardiac Syncope		How long: four hours	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Edward Quarles		
	Address: Mt. Savage Md.		
Accident or Sulcide?			

LIBRARY BUREAU A83816

Name in Full: Sarah Seiler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: 6 — Day: 23 — 1904

Age: Years: 79 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Allegany Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Do not Know. — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Keiper Almshouse — How related to deceased: —

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CAUSES OF DEATH

Primary: Old age — How long: —

Immediate: Exhaustion — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Turney, M.D.

Address: Cumberland, Md.

Accident or Suicide? —

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Robert C Sizer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ridgely; County: Mineral W Va

Date of death 1904: Month: June; Day: 28

Age: Years: ; Months: two; Days:

Sex: Male

Color or Race: White

Birthplace: Ridgely

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Robert Sizer

Father's Birthplace:

Mother's Maiden Name: Gertrude

Mother's Birthplace:

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal meningitis

How long: 2 months

Immediate: —

How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Daley.

Address: Crumpton Md

Accident or Sulcide?

LIBRARY BUREAU A88516

Name in Full: Susan Skedinos

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Borden Mines — County: Allegany

Date of death: Month: June — Day: 12 — 1904

Age — Years: — Months: — Days: 14

Sex: Female — Color or Race: White — Birthplace: Borden Mines

Occupation: — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: Ed. Skedinos — Father's Birthplace: Borden Mines

Mother's Maiden Name: Sara Williams — Mother's Birthplace: " "

Name of person giving Information: Ed. Skedinos — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Congestion — How long: 2 wks

Immediate: " — How long: 2 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. A. Bobey

Address: Frostburg Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Minnie Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Westernport — County: Allegany

Date of death 1904 — Month: 6 — Day: 17 — Age — Years: 13 — Months: ✓ — Days: ✓

Sex: Female — Color or Race: White — Birthplace: Bassum

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: ✓

Father's Name: ✓ — Father's Birthplace: ✓

Mother's Maiden Name: ✓ — Mother's Birthplace: ✓

Name of person giving In formation: ✓ — How related to deceased: ✓

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Poisoned from eating greens — How long: 12 hours

Immediate: Heard failure ✓ — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Shuey

Address: Westernport Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Infant of Edora Stine

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westernport — County: Allegany

Date of death 1904: Month: June — Day: 26

Age: Years: — Months: 1 — Days: 27

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Edward Brannahan — Father's Birthplace

Mother's Maiden Name: Edora Stine — Mother's Birthplace: Maryland

Name of person giving In formation: Edora Stine — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know. Baby was dying when I saw it — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O H Parsons

Address: Piedmont W Va

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Child of F M Stroott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Cumbol (County) Allegany

Date of death 1904 (Month) 6 (Day) 3

Age (Years) — (Months) — (Days) 1

Sex Female

Color or Race White

Birthplace Cumbol

Occupation None

Where Residing if not at place of death Same

Married, Single or Widowed

Name of Wife or Husband

Father's Name F M Stroott

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still

How long

Immediate Stillborn

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. W. Mong

Address Cumbol Lafe Dist

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Myrtle Strother

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emm County: Allegany

Date of death: Month: 6 Day: 26 Years: 1904 Age: 20 Months Days

Sex: Female Color or Race: White Birthplace: West Va

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Geo Strother Father's Birthplace: West Va

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Geo Strother How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ovarian Cyst How long: 18 months

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Dr Johnson

Signature of Physician: James S. Johnson

Address: Cumberland Md.

Accident or Suicide?

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LIBRARY BUREAU A86516

Name in Full: Sullivan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt. Savage — County: Allegany

Date of death 190 — Month: 4 June — Day: 5th

Age — Years: — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Mt. Savage Md.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Charles Wesley Sullivan — Father's Birthplace: Hyndman, Pa.

Mother's Maiden Name: Hattie L. Shaffer — Mother's Birthplace: Rowlesburg W. Va.

Name of person giving information: Chas. W. Sullivan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Steel Birth Sc. — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Charles

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: James Tibbets

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Barton — County: Allegany

Date of death 1904 — Month: June — Day: 1 — Age — Years: 71 — Months: 1 — Days:

Sex: Male — Color or Race: White — Birthplace: Va.

Married, Single or Widowed: Married — Occupation: Merchant

Name of Wife ~~Husband~~: Mamie Barnes

Father's Name: Robert Tibbets — Father's Birthplace: England

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Josiah P. Tibbets — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Syphilis Chronic — How long: 8 months

Immediate: Uraemic Coma — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Boucher

Address: Barton Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Louis Webber.

CERTIFICATE OF DEATH

Died at: Town: Cumld. County: Allegany MARYLAND

Date of death: Month: June Day: 21 1904

Age: Years: 67 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Amfd.

Occupation: Contractor Where Residing if not at place of death: Goetha St.

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

116

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Peritonitis How long: Five Days

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J W. Tachtman

Address:

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Mrs Elizabeth Regan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: June — Day: 19 — Year: 1904 — Age: Years: 49 — Months — Days

Sex: Female — Color or Race: white — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Injury — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. C. Miller

Address: Cumberland Md.

Accident or Suicide? 8

LIBRARY BUREAU A48616

Name in Full: Charles Edward Whitaker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	June	21	Age 33	5	25

Sex	Color or Race	Birthplace
Male	White	Md

Occupation: Brakeman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife ~~or Husband~~:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Mollie Whitaker — How related to deceased: Wife

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Perforating Bowel Exhaustion — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. L. Broadus

Address: 28 Va ave Cumberland Md.

Accident or Suicide? No

LIBRARY BUREAU A88618

Name in Full: Mary Wiggar

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ornta · County: Anne

Date of death: Month: June · Day: 19 · Years: 66 · Months: 7 · Days:

Sex: Female · Color or Race: White · Birthplace: U. Va.

Occupation: Wife · Where Residing if not at place of death: —

Married, Single or Widowed: maried · Name of Wife or Husband: Barnard Wigger

Father's Name: Dead · Father's Birthplace:

Mother's Maiden Name: Dead · Mother's Birthplace:

Name of person giving In formation: Bernard Wigger · How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Uterus · How long: Several years

Immediate: Exhaustion · How long: months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D. Dockerman

Address: Tyaskin

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Estella May Walford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eckhart — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: June	Day: 4	Age: Years: One	Months: —	Days: 12
Sex: F	Color or Race: W	Birthplace: Eckhart "			
Occupation: —	Where Residing if not at place of death: —				
Married, Single or Widowed: S	Name of Wife or Husband: —				
Father's Name: Daniel Walford			Father's Birthplace: Md		
Mother's Maiden Name: Mollie Repkon			Mother's Birthplace: Eckhart Md		
Name of person giving information: Elmer Walford			How related to deceased: Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia	93	How long: 4 weeks 2 days
Immediate: Cer. meningitis		How long: 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: H Griffith	
	Address: Frostburg Md	
Accident or Suicide?		

LIBRARY BUREAU A88816

1 7 Co.
Corey Amy. Eek.

Name in Full: Carl Wright

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd. — County: allegany

Date of death: Month: June — Day: 14 — Year: 1904 — Age: Years: 16 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

~~Married~~, Single or Widowed — Name of Wife or ~~Husband~~

Father's Name: Luther Wright — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Fastein. — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accidental Drowning — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address: Dennis E. O'Neil Coroner

Accident ~~or Suicide~~?

LIBRARY BUREAU A68516